

Entered -11-8-99 - sb
CL 99L0728 - GWENDOLYN BURNS

CLAIM OF:

MARK SWIECICHOWSKI
JAMES & ROBERTA UNGER
566 Hickory Hills Court
Stone Mountain, Georgia 30083

For property damages alleged to have been sustained when a sidewalk and parking lot were destroyed during the construction of Centennial Place Apartments in July, 1999 at 381 Venable Street, NW.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0728

Date: December 27, 2000

Claimant /Victim MARK SWIECICHOWSKI / JAMES & ROBERTA UNGER
BY: (Atty) (Ins. Co.) _____
Address: 566 Hickory Hills Court, Stone Mountain, Georgia 30083
Subrogation: _____ Claim for Property damage \$ Unspecified Bodily Injury \$ unspecified
Date of Notice: 10/22/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/99 to present Place: 381 Venable Street, NW
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants allege that their property sustained damage during the construction of Centennial Place Apartments. An investigation determined that an outside contractor performed work at the incident location. Claimants have been advised that their claim has been forwarded to the contractor for resolution.

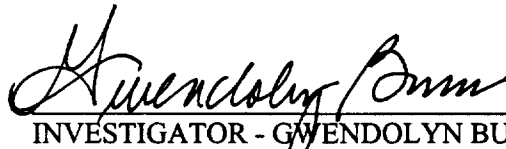
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

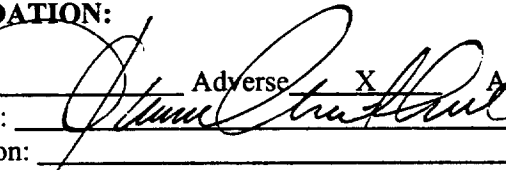
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

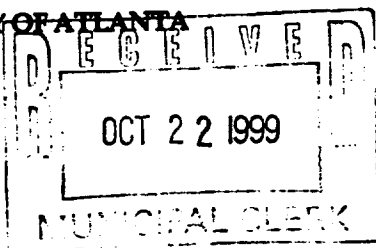
Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 12-27-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 10/14/99

ENTERED - 11-8-99 - SB
99L0728 - MIKE REEVES RVD

Reeves
10/26/99
Dr

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: July - ongoing to present 2. Police called: Yes X No
3. Location of incident: 381 Venable St. NW ATL GA 303xx
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: Parking lot (Asphault) has been torn up by the placement of contractors trucks & heavy equip during construction of adjacent st. (Pictures Enclosed)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mark Swieczichowski
(claimant's name)
45 Brighton Street
(address)
Atlanta, GA 30309
(city and state)
4-588-9970 4-355-4411
(work number) (home number)

01-R-0047